

CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH

CERTIFICATE NO. 151 2006 - 000159

Name of Decedent

Robert Benny Cruz Aquiqui

City, Town or Location of Death

KAPOLEI

Date of Death

January 04, 2006

Time of Death

01:21 PM

Sex

MALE

Race

Chamorro

County of Death

HONOLULU

Island of Death

OAHU

Date of Birth

January 22, 1955

Age at Death

50 YEAR(s)

Citizenship

USA

Ever in Armed Forces?

NO

Social Security Number

586-62-1096

Marital Status

MARRIED

Surviving Spouse (If Wife, Name Prior to First Marriage)

Dorothea Hideko Tome

Father's Name

Elias San Nicolas Aquiqui

Mother's Name (Prior to First Marriage)

Julia Cruz

Disposition

CREMATION

Cemetery/Crematory: WINDWARD CREMATORY

Date: January 13, 2006

Location: KANEOHE, HAWAII 96744

Permit #: 2006000159

Funeral Home: HAWAIIAN MEMORIAL PARK MORTUARY

Certifier: PAUL LADERTA, M.D. PRIVATE PHYSICIAN

Date Signed: January 10, 2006

Date Pronounced Dead: January 4, 2006

Time Pronounced Dead: 1:21 PM

Cause of Death:

- a. RESPIRATORY FAILURE
- b. S/P TRACHEOSTOMY
- c. STENOSIS OF THE TRACHEA

Manner of Death: NATURAL CAUSES

EXHIBIT A

Date Filed by State Registrar: January 12, 2006

OHSM 1.2 (Rev. 1/06)

This copy serves as prima facie evidence of the fact of death in any court proceeding. [HRS 338-13(b), 338-19]

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE